| infor   | stat  | UPA  |   |
|---|---|--|---|
| of  | plu   | 200  |   |
| item  | sho   | of (   |   |
| D. Every  | ISICIANS  | statement  |   |
| ik. C   | Ph  | Exact  |   |
| A PERMANENT   | ted EXACTLY.  | perly classified. 1  | ficate.   |
| SIS   | stat  | pro e  | certi   |
| WRITE PLA. Y. WITH UNFADING INK-THIS IS A PERMANENT RACE D. Every item of infor | nation should be carefully supplied. AGE should be stated EXACTLY. PhiSICIANS should stat | AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA | TON is very important. See instructions on back of certificate. |
| WRITE PLA   | lation should l   | AUSE OF DE   | TON is very in  |

# STATE OF MARYLAND-CERTIFICATE OF DEATH

| 1. PLACE OF DEATH   | (3)   |
|---|---|
| County County   | Registration Dist. No. 4 Q  |
| Village or City Frenchsorth Ma  | NDSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)                             |
|   | ds. How long in U.S. if of foreign birth?yrsmosds.  |
| 2. FULL NAME Ella Augustine   |   |
| (a) Residence: No(Usual place of abode)   | St., Ward.  If nonresident give city or town and State  |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH  |
| Four 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)   | 21. DATE OF DEATH  November 1936  (Month) (Day) (Year)  |
| HUSBAND of Gord Wilson And Control of Gord Wilson And Control of Gord WIFE of Gord of | 22. I HEREBY CERTIFY, Thet I attended decessed from  Technology 1936, to November 1914, 1936                                    |
| 6. DATE OF BIRTH (month, day, and year) aff 6-1865  | I last saw har alive on word 18 , 1986; death is said   |
| 7. AGE Years Months Deys If LESS than 1 dey,hrs.  | to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and releted causes of Importence                  |
| 71 / 3 ormin.   | were es follows:  |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  | Omnie myoceration and June<br>Omyocerain dequination 1933   |
| SAW MILL, BANK, etc   |   |
| 12. BIRTHPLACE (city or town)(State or country)   | Other Contributory Causes of importance:  Cardiac Renel Losculor disease with angust.  Marked Changes in the Caronel celes 1930 |
| 13. NAME Track Damuel 1 Black   | Artirisa surais 19357   |
| 14. BIRTTPLACE (city or town)   | Name of operation Date of 732   |
| (State or country)  | What test confirmed diagnosis? Wes there an au'opsy? LLO  |
| 15. MAIOEN NAME Ruhamah Knepfy  | 23. If death was due to externel causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?                |
| E (State or country)  | Where did injury occur?   |
| 17. INFORMANT Mard Blackey (Address) Hemanille JMA  | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.              |
| 18. BURIAL, CREMATION OR REMOVAL Place addison pa Date dos 22, 1936   | Menner of injury  |
| 19. UNDERTAKER Um Alimbelug<br>(Address) youtance def   | 24. Was disease or injury in any wey related to occupation of deceesed?   |
| 20. FILED Nov 21, 1936 Jeannette Statle Registrar.  | (Signed) M. D.  (Address) Friendsville mg   |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| Cereural nemorrhage  | ٧             |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       | 7-45          |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |

| ADDITIONAL SPACE FOR FURTHE | R STATEMENTS BY PHYSICIAN |
|-----------------------------|---------------------------|
|-----------------------------|---------------------------|

See instructions on back of certificate.

TION is very important.

V. S. No. 1

ż

| 1. PLACE OF DEATH  | CERTIFICATE OF BEATT  |
|--|---|
| County Garrett   | Registration Dist. No.  |
| Village or City Mean Red House (1)   | NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmosds, |
| 2. FULL NAME Mary Elizabeth Bell   | If U.S. Veteran specify WAR   |
| 1 ( 01 : 01  | St. Ward.   |
| (a) Residence: No. Neder/ (Year House (Usual place of abode)   | St., Ward.  Il nonresident give city or town end State  |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH  |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Married  Married  | 21. DATE OF DEATH  Movember 5, (Day) (Year)   |
| 5a. If married, widowed, or divorced  HUSBAND of Corry M. Bell  (or) WIFE of Perry M. Bell   | 22. I HEREBY CERTIFY, That I attended deceased from 1935, to 2007, 1936   |
| 6. DATE OF BIRTH (month, day, and year) Uhr. 26, 1864  | Viast saw h-L2 aliva on Oct , 1936; death is said   |
| 7. AGE Yaars Months Days If LESS than 1 day,hrs.   | to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:                         |
| 8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  | Superior modilla  |
| Mind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and |   |
| 10. Data deceased last worked at this occupation (month and year)  | Other Contributory Causes of importance:  |
| 12. BIRTHPLACE (city or town) - Misselfal Co. (Stata or country)   | Onto Calabasis, Calabas, Importance.  |
| 13. NAME Martin Swiers   |   |
| 13. NAME Martin Swiers  14. BIRTHPLACE (city or town) Minusal Co. (State or country)   | Name of operation Date of Was there an autopsy?   |
| 15. MAIDEN NAME Isalel Boole 1  16. BIRTHPLACE (city or town) Mineral Ma.  | 23. If death was due to external causes (VIOLENCE) fill in also the following:  |
| O 16. BIRTHPLACE (city or town) (Stata or country)   | Accident, sulcida, or homicide? Date of injury, 19  Whara did injury occur?   |
| 17. INFORMANT May Wimer (Address) Red House Ind.   | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.                                      |
| 18. BURIAL, CREMATION, OR, REMOVAL PIECE MAYANTLE, INTO Date Nort 8,   | Manner of injury  |
| 19. UNDERTAKER G. H. Mott (Address) Davis, West 2/a.   | 24. Was diseasa or injury in any way related to occupation of deceased?   |
| 20. FILED NOV 6, 1862 hour C Shaples   | (Signed) Anlles M. D.  (Address) Anna Wa  |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

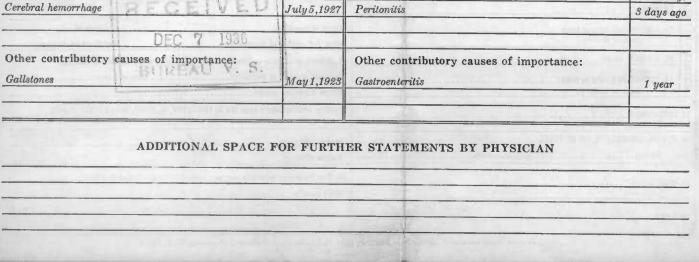
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative." etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I  | i             | Example II   |               |  |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |  |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |  |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |  |
| Cerebral hemorrhage  | July 5,1927   | Perilonitis  | 3 days ago    |  |
| DEC 7 1936   |               |  |               |  |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |  |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |  |
|  |               |  |               |  |
|  |               |  |               |  |





If more blanks are needed, address State Registral, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

|     | Registration Dist. No.   |     |
|-----|--|-----|
|     | No. St. Ward   |     |
| (If | death occurred in a hospital or institution, give its NAME instead of street and number)                           |     |
| os. | ds. How long in U.S. If of foreign birth?mosds   |     |
|     | If U.S. Veteran specify WAR  |     |
|     | St Ward.   |     |
|     | If nonresident give city or town and State   | -   |
| 1   | MEDICAL CERTIFICATE OF DEATH   | 0   |
|     | 21. DATE OF DEATH / + +0   | -   |
|     | november lenth 193 6   |     |
| -   | (Month) (Day) (Year)   | 2   |
|     | 22. I HEREBY CERTIFY, That I attended decaesed from  | n   |
|     | January , 1934 to Nov 10th , 1936  | 0   |
|     | I last saw h down alive on Certy 1117 1936 death Is said   | 1 . |
|     | to have occurred on the date stated above, at  |     |
| 5.  | The PRINCIPAL CAUSE OF DEATH and releted causes of Importance  |     |
| -   | wera as follows:   | •   |
| 1   | Schrome Sephritis  |     |
| - 1 | serviora segunar   |     |
|     |  |     |
|     |  |     |
|     |  |     |
|     | Other Contributory Causes of Importance:   |     |
|     |  |     |
| -   |  |     |
| -   |  | -   |
|     | Nama of operation Date of  | -   |
| _   | What test confirmed diagnosis? Was thara an autopsy?   | -   |
|     | 23. If death was due to external causes (VIOLENCE) fill In also the following:                                     |     |
|     | Accident, suicida, or homicide? Data of injury, 19   | -   |
|     | Where did Injury Occur?  |     |
|     | (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE. |     |
|     |  |     |
| /   | Manner of injury   | -   |
|     | M A + 7 P  | -   |
|     |  | -   |
|     | 24. Was disease or injury in any way related to occupation of deceased?  | -   |
| _   | If so, specify   | n   |
| 4   | (Signad)   | ).  |
| 1   | (Address) / A Dasadana / Klada   | ,   |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "opcrative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I  | - 1           | Example II   |               |  |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |  |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |  |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |  |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |  |
| DEC 7 1836   |               |  |               |  |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |  |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |  |
|  |               |  |               |  |
|  |               |  |               |  |

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Exact statement of OCCUPA-

See instructions on back of certificate.

TION is very important.

| V.S. No. 1  N. S. | FOR.   | BINDING        |
|---|--------|----------------|
| N. B. WILL FLAINLI, WITH UNFADING INA-THIS IS A FERMANENT   | V CI C | FERMANEN       |
| mation should be carefully supplied. AGE should be stated EXACTL'   | stated | EXACTL         |
| CAUSE OF DEATH in plain terms, so that it may be properly classified.   | prope  | ly classified. |

| STATE OF MARYLAND—   | CERTIFICATE OF DEATH 11481  |
|--|---|
| 1. PLACE OF DEATH  | 41.00   |
| County A guill   | Registration Dist. No. 162  |
| Village or City Hennings   | NoSt.,Ward  |
|  | death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME (John B. X) as  |   |
|  | OI W. J   |
| (a) Residence: No. (Usual place of abode)  | St., Ward.  If nonresident give city or town and State  |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH  |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  5. If merried, widowed, or divorced   | 21. DATE OF DEATH / 25 , 193 (Month) (Day) (Yaar)   |
| HUSBAND of (or) WIFE of  | 22. 1 HEREBY CERTIFY, That I attended decesed from  |
| 6. DATE OF BIRTH (month, day, and year) Sept 2-1872  | I last saw h Lin aliva on 1201 23, 1936; daath Is said  |
| 7. AGE Yaars Months Days If LESS than  | to have occurred on the date steted above, at 6:00 fm.  |
| 64 2 23 Idey,hrs.  | The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:  |
| 8. Trada, profassion, or particular kind of work done, as SPINNER.   | Carcinana & Me  |
| SAWYER, BDOKKEEPER, etc.   | Stamacht /  |
| work was done, as SILK MILL, Lahares   |   |
| kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or businass In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date dacaased last workad et this occupation (month and year)  11. Total time (yaars) spant in this occupation. |   |
| 12. BIRTHPLACE (city or town) Wa   | Other Coutributory Causes of importanca:  |
| (State or country)   |   |
| 13. NAME Wat Known   |   |
| 13. NAME Wat Known   | Name of operation Date of   |
| (State of Country)   | Whet tast confirmed diagnosis? Was there an au'opsy?//  |
| 15. MAIDEN NAME Wat Januaren   | 23. If daath was due to extarnal causes (VIOLENCE) filf in also the following:  |
| 15. MAIDEN NAME Wat funcion  16. BIRTHPLACE (city or town)  (State or country)   | Accidant, suicide, or homicida? Date of Injury, 19  |
| (State or country) Was Amouren   | Whare did injury occur? (Specify city or town, county and State)  |
| 17. INFORMANT Chomas Clather   | Specify whether injury occurred In INDUSTRY, in HDME, or in PUBLIC PLACE.   |
| (Address) January M. A. 18. BURIAL, CREMATION, OR REMOVAL  | Manner of injury  |
| Place Grantaulle Date For 28, 1936   | Natura of injury  |
| TO HADDOTANED MALON MALON TO A PLACE   | 24. Wes disease or injury in eny wey related to occupation of deceased?   |
| 19. UNDERTAKER Win Milliang (Addrass) yronigaelle alla)  | If so, specify  |
| 10 30 21 10740,10.   | (Signad) / / / / / / / M.D.   |
| 20. FILED 19.06 Registrar.   | (Addrass) Al Manthawille Mid-   |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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| E   | cample I                  |               | Example II   |               |  |
|---|---------------------------|---------------|--|---------------|--|
| The principal cause of dea of importance were as follows: | th and related causes ws: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |  |
| Arteriosclerosis  | DEC 4 1938                | 1915          | Attack of epilepsy   | 1 week ago    |  |
| Chronic interstitial nephritis                            |                           | 1921          | Run over by street car   | 1 week ago    |  |
| Cerebral hemorrhage                                       | NURSAU V.                 | July 5, 1927  | Peritonitis  | 3 days ago    |  |
|   |                           |               |  |               |  |
| Other contributory causes                                 | of importance:            |               | Other contributory causes of importance:                                       |               |  |
| Gallstones  |                           | May 1,1923    | Gastrocnteritis  | 1 year        |  |
|   |                           |               |  |               |  |
|   |                           |               |  |               |  |

| ADDITIONAL SI | ACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|---------------|-----|-----|---------|------------|----|-----------|
|---------------|-----|-----|---------|------------|----|-----------|

| STATE OF | MARYLAND—CERTIFICATE OF DEATH | 11482 |
|----------|-------------------------------|-------|
| EATH 44  | 95.2                          | 1//   |

| 1. PLACE OF DEATH  | A  |
|--|--|
| County Santo 100   | Registration Dist. No. 166   |
| 0-61   | Np. St. Ward   |
| Village or City Calland (If  | death occurred in a hospital or institution, give its NAME instead of street and number)                           |
| Length of residence in city or town where death occurredyrsmos   | ds. How long in U.S. if of foreign birth?yrsmos,ds.  |
| 2. FULL NAME Clisabille Deiles   | If U. S. Veteran, specify WAR.   |
| (a) Residence: Np.   | St., Ward.   |
| (Usual place of abode)   | If nonresident give city or town and State   |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)   | 21. DATE OF DEATH Nov. 26  |
| Ormale While Single  | (Month) (Day) (Yeer)   |
| 5a. If married, widowed, or divorced<br>HUSBAND of   | 22. P. I HEREBY CERTIFY, Thet I ettended deceesed Irom   |
| (or) WIFE of   | Nov. 18" 1936, to Mov. 26" , 1936  |
| 6. DATE OF BIRTH (month, day, end year) Level 15, 1870   | I last saw h D elive on nov. 24", 1936; deeth is seid  |
| 7. AGE Years Months Days If LESS than  | to have occurred on the date stated above, at. 2   |
| 66 5 1/ 1day,hrs.  | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:                                     |
| 2 Trade profession or particular   |  |
| SAWYER, BODKKEEPER, etc.   | arterio Selesous   |
| kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc |  |
| SAW MILL, BANK, etc  | Cardio Mephrelie   |
| this occupation (month and spent in this occupation occupation   |  |
| 8  | Other Contributary Causes of importance:   |
| 12. BIRTHPLACE (city or town) (State or country)   |  |
|  |  |
| E  |  |
| I4, BIRTHPLACE (city or town)  | What test confirmed diagnosis? Was there en autopsy?   |
|  | 23. If death was due to external causes (VIOLENCE) fill in also the following:                                     |
| ± /  | Accident, suicide, or homicide?  |
| 16. BIRTHPLACE (city or town)   State or country)  | Where did injury occur?  |
| Anth. D. Dich  | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE. |
| (Address)  |  |
| 18. BURIAL, CREMATION, DR REMOVAL  | Menner of Injury   |
| Piece Fasting Deto Mar 28, 1936  | Nature of Injury.  |
| 19 UNDERTAKER Emrery Baldy   | 24. Wes diseese or Injuryin any way related to occupation of decessed?   |
| (Address) Oakland mid  | If so, specify   |
| mary 28 36 Julia Raisen  | (Signed) H. W. III WINUS. M.D.   |
| 20. FILED/AU Registrar.  | (Address) Welland Md.  |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| Example I                                |  |               | Example II   |               |  |
|--|--|---------------|--|---------------|--|
| The principal cause of importance were a | of death and related causes s follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |  |
| Arteriosclerosis                         |  | 1915          | Attack of epilepsy   | 1 wcek ago    |  |
| Chronic interstitial nepl                | hritis                                 | 1921          | Run over by street car .   | 1 week ago    |  |
| Cerebral hemorrhage                      | LEC 8 JEC                              | July 5,1927   | Peritonitis  | 3 days ago    |  |
|  | REPRESSION ST                          |               |  |               |  |
| Other contributory ca                    | auses of importance:                   |               | Other contributory causes of importance:                                       |               |  |
| Gallstones                               |  | May 1,1923    | Gastroenteritis  | 1 year        |  |
|  |  | "5.           |  |               |  |
|  |  |               |  |               |  |

nportance:

1 year

V. S. No. 1 N. B.—I

|  | STATE  | F MAR           | YLAND-                            | CERTIFICATE OF DEATH  | 11463            |
|--|--|-----------------|-----------------------------------|---|------------------|
| 1. PLACE OF  | DEATH  |                 |                                   | (182)   |                  |
| County Garrett   |  |                 |                                   | Registration Dist. No. 14   | 166              |
|  | Crellin,   |                 | 0                                 | No. St.,  f death occurred in a hospital or institution, give its NAME instead of street at  sds. How long in U.S. If of foreign birth?yrs. | nd number)       |
|  | Richard H  |                 |                                   |   | -111031          |
|  | 0 771  |                 |                                   | If U. S. Veteran, specify WAR   |                  |
| (a) Residence:   | No   | (Usual place o  | of shode)                         | St., Ward.  If nonresident give city or town  | and State        |
| PERSONAL   | AND STATIST  | ICAL PARTIC     | CULARS                            | MEDICAL CERTIFICATE OF DEATH  | 1                |
| 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) Child      |  |                 | RIED, WIDOWED, O (write the word) | 21. DATE OF DEATH  November 30  (Month) (Day)   | , 1936<br>(Year) |
| 5a. If married, widowed,<br>HUSBAND of<br>(or) WIFE of                                       | or divorced  |                 | MARIE                             | 22. HEREBY CERTIFY, That I attend   | 0                |
|  |  |                 |                                   | and 19 de g   | , 19             |
|  | nth, day, and year) S                                  |                 |                                   | liast sally alleren 19 19   | e; death is said |
| 7. AGE Years   | Months   | Days            | If LESS than 1 day,hrs.           | to have occurred on the data stated above, 10.2.2.2. Ann. Mo  |                  |
| 9 Trade profession   |  |                 | ormin.                            | were as follows:  | Date of onset    |
| kind of worl   | n, or particular<br>done, as SPINNER,<br>OKKEEPER, etc |                 |                                   | dod on the  |                  |
| 9. Industry or bus   |  |                 |                                   | D. Probably assistantal suffocation.  |                  |
| 1D. Data deceased last worked at this occupation (month and year) spent in this occupation   |  | ewag.           |                                   |   |                  |
| 12. BIRTHPLACE (city o<br>(State or country  |  | n, Md.<br>t Co. |                                   | Othar Cantributary Causes of importance:  Oseanstweety a  |                  |
| TI 13. NAME Cly  | de Ellis   |                 |                                   |   |                  |
| 14. BIRTHPLACE (city or town) HOYES,   |  |                 | Md.                               | Name of operation Date o  What test confirmed diagnosis? Was there  |                  |
| 15. MAIDEN NAME  | Lena Dumi  | re              |                                   | 23. If daath was due to external causes (VIDLENCE) fill in also the follow  |                  |
| 15. MAIDEN NAME Lena Dumire 16. BIRTHPLACE (city or town) William, W. Va. (Stata or country) |  |                 | a.                                | Accident, suicide, or homicida? Date of Injury  Where did Injury occur?   |                  |
| 17. INFORMANT Clyde Ellis (Addrass) Crellin, Md.   |  |                 |                                   | (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.                          |                  |
| 18. BURIAL, CREMATION  | Cemetery   | Date Dec.       | 1, ,,36                           | Manner of Injury  Nature of injury  |                  |
| 19. UNDERTAKER H.  |  | Leighton        | 1                                 | 24. Was disease or injury In any way related to occupation of deceased?  If so, specify   |                  |
| 20. FILED Dec 1  | , 1936   | ulia /          | Registrer.                        | (Signed) (Address) Core of T  | 77. M.           |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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| Example I                                      |                                  |               | Example II   |               |  |
|--|----------------------------------|---------------|--|---------------|--|
| The principal cause of of importance were as f | death and related causes ollows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |  |
| Arteriosclerosis                               |                                  | 1915          | Attack of epilepsy   | 1 week ago    |  |
| Chronic interstitial nephrit                   | lis                              | 1921          | Run over by street car   | 1 week ago    |  |
| Cerebral hemorrhage                            | DEC 8 7008                       | July5,1927    | Peritonitis  | 3 days ago    |  |
|  | Lance H. V. S                    |               |  |               |  |
| Other contributory caus                        | ses of importance:               | -             | Other contributory causes of importance:                                       |               |  |
| Gallstones                                     |                                  | May 1,1923    | Gastroenteritis  | 1 year        |  |
|  |                                  |               |  |               |  |
|  |                                  | 1             |  | 1             |  |

| STATE OF MARY | AND—CERTIFICATE | OF DEATH |
|---------------|-----------------|----------|
|---------------|-----------------|----------|

111111

| 1. PLA   | CE OF DEA   | ТН  |                |   | 11401  |  |  |
|--|---|---|----------------|---|--|--|--|
| County Garrett   |   |   |                |   | Registration Dist. No. \$ 166  |  |  |
|  |   | wanton,<br>ity or town where do             |                | C16   | NDSt.,Ward  If death occurred in a hospital or institution, give its NAME instead of street and number)  15ds. How long in U.S. if of foreign birth? |  |  |
| 2. FUL   | L NAME H  | enzibah                                     | Hanna 1        | Fitzwater                                       | If U. S. Veteran, specify WAR  |  |  |
|  |   |   |                | Md.   | St., Ward.  If nonresident give city or town and State   |  |  |
| PE   | RSONAL AN   | ID STATISTI                                 | CAL PART       | CULARS  | MEDICAL CERTIFICATE OF DEATH   |  |  |
| 3. SEX 4. COLOR OR RACE Female White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed |   |   | OR DIVORCE     | D (write the word)                              | 21. DATE OF DEATH  November 20, 1936  (Month) (Day) (Year)   |  |  |
| UHCDA  | ed, widowed, or div<br>AND of<br>UFE of John  | Lower F                                     | itzwat         | er  | 22. I HEREBY CERTIFY, That I attended deceased from  |  |  |
| 6. DATE OF   | BIRTH (month, da  | y, and year) Ma                             | rch 23         | 1848  | I last saw h alive on 19 death is sa   |  |  |
| 7. AGE   | Years   | Months                                      | Days           | If LESS than  1 day,hrs.                        | to have occurred on the date stated above, at 2:45 M. M.   |  |  |
|  | 88  | 1 7   | 29             | ormin.  | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  Date of onset  |  |  |
|  | de, profession, or p<br>kind of work done<br>SAWYER, BDOKKE<br>Justry or business i | particular<br>, as SPINNER, H<br>EPER, etc. | ousewi         | <b>f</b> e                                      | Buren  |  |  |
| CUPA   | work was done, as<br>SAW MILL, BANK,  | SILK MILL, o                                | wn Home        |   | Lescel Descardition  |  |  |
| 10. Date deceased last worked at this occupation (month and 1930 spent in this occupation year)        |   |   |                | time (years)<br>ent in this 50 yr<br>upation 50 | Other Contributary Causes of importance:   |  |  |
|  | PLACE (city or town<br>ite or country)  | Englan                                      | d              |   |  |  |  |
| ₩ 13. NA   | ME Willi:   | am E. Ge                                    | orge           |   |  |  |  |
| 13. NAME William E. George 14. BIRTHPLACE (city or town) England (State or country)                    |   |   |                |   | Neme of operation Date of What test confirmed diagnosis? Was there an autopsy?   |  |  |
| 2 15. MA   | IDEN NAME JE  | ne Eliza                                    | beth &         | ampson  | 23. If death was due to external causes (VIOLENCE) fill in also the following:   |  |  |
| 15. MAIDEN NAME Jane Elizabeth Lampson 16. BIRTHPLACE (city or town) England (Stete or country)        |   |   |                |   | Accident, suicide, or homicide?  |  |  |
| 17. INFORMANT John L. Fitzwater (Address) Mt. Lake Park. Md.   |   |   | ater<br>k. Md. | •         | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.                                   |  |  |
| 18. BURIAL, CREMATION, OR REMOVALX Place North Glade Date Nov. 22, 1936                                |   |   |                | . 22, ,1936                                     | Manner of Injury   |  |  |
|  | TAKER Heridress) Oak  | bert C.<br>land, Md                         | Leighte        | on wan.   | 24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed) M. D   |  |  |
| 20, FILEDRA  |   | 130%  | ELEVILORI.     | Registrar.                                      | (Address) Vace Rangel Mix  |  |  |

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| Example I  | i             | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis [ 8 8   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |
| EUREAU M. S.   |               |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  |               |  |               |

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|                             | infor-   | state  |
|-----------------------------|--|--|
| 5                           | tem of   | plnods   |
| 1                           | Every it   | IANS   |
|                             | ECORD.   | PHYSIC   |
| MARGIN RESERVED FOR BINDING | -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor- | mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state |
| FOR E                       | IS A PI  | stated I   |
| SERVED                      | NK-THIS  | should be  |
| N RES                       | I DNIC   | AGE  |
| MARGI                       | UNFAI  | supplied.  |
| •                           | WITH   | refully  |
|                             | LAINLY,  | uld be can   |
|                             | WRITE P  | ation sho  |
| -                           | 1  | E  |

Exact statement of OCCUPA-

properly classified.

þe

CAUSE OF DEATH in plain terms, so that it may TION is very important. See instructions on back

of certificate.

11485 STATE OF MARYLAND—CERTIFICATE OF DEATH

| 1. PLACE                                  | OF DEA   | TH                         |   |                                      | 43-0  |
|---|--|----------------------------|---|--------------------------------------|---|
| County                                    | Garr   | ett                        |   |                                      | Registration Dist. No. 16 4   |
| Village                                   | or City  | Accident                   | ,                                       |                                      | NoSt., Ward   |
| Length o                                  | f residence In c                                   | city or town where         | death occurred                          |                                      | death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? |
|   |  |                            |   |                                      | If U. S. Veleran, specify WAR   |
|   |  |                            |   | ret trans                            | St Ward.  |
| (a) kes                                   | idence: No   | *******                    | (Usual place                            | of abode)                            | If nonresident give eity or town and State  |
| PERS                                      | ONAL AN  | ND STATIST                 | ICAL PART                               | CULARS                               | MEDICAL CERTIFICATE OF DEATH  |
| Female                                    |  | or or race<br>hite         | 5. SINGLE, MAR<br>OR, DIVORCE<br>Widowe | RIED, WIDOWED,  D (write the word)   | 21. DATE OF DEATH 30 (Par) (Year)   |
| 5a. If merried, w<br>HUSBAND<br>(or) WIFE | of   |                            | l Fratz                                 |                                      | 22.   I HEREBY CERTIFY, Thet I attended deceased from   |
| 6. DATE OF BII                            | RTH (month, da                                     | ay, end year) Ju           | aly, 25,                                | 1855                                 | I last saw hand elive on A discounting the said   |
| 7. AGE                                    | Yeers  | Months                     | Days                                    | If LESS then                         | to have occurred on the dete steted ebove, et S. O. A.m.  |
|   | 81   | 4                          | 5                                       | 1 dey,hrs.                           | The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were as follows:  |
| SAV                                       | YYER, BOOKKE                                       | , as SPINNER,<br>EPER, etc | House                                   | wife                                 | D. Mrome Myscardelis  |
| 9. Industry                               | y or business i<br>k wes done, es<br>V MILL, BANK, | SILK MILL,                 |   |                                      |   |
|   | eceased last wo<br>occupation (mo                  | orked et<br>onth end       | spe                                     | ime (years)<br>nt in this<br>upetion |   |
| 12. BIRTHPLAC                             | E (city or town                                    | ) Mary                     | land                                    |                                      | Other Coatributer Causes of Importence:   |
| 13. NAME                                  | Baul   | tic Leins                  | setter                                  |                                      |   |
| 13. NAME                                  | LACE (city or t                                    | own) Gern                  | nany                                    |                                      | Name of operation Date of   |
| (216                                      | ete or country)                                    |                            |   |                                      | What test confirmed diegnosis? Wes there an eutopsy? A.D.   |
| 15. MAIDEN                                | NAME   | Katherin                   | ne Hagele                               |                                      | 23. If death was due to externel causes (VIOLENCE) fill in also the following:  |
| mer .                                     | LACE (city or to                                   | own)Gei                    | rmany                                   |                                      | Accident, suicide, or homicide?   |
| 17. INFORMANT (Addres                     | ) M  | lary Marg                  | raff<br>Md.                             |                                      | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.                  |
| 18. BURIAL, CRI                           | emation, or<br>Acciden                             |                            | Date Dec                                | . 2 ,1936                            | Menner of Injury  |
| 19. UNDERTAKE                             |  | - Min                      | turle                                   | 15                                   | 24. Was disease or injury In any wey releted to occupetion of deceased?   |
| 20. FILED                                 | 2/2  | 19.36 Q.                   | J. Rii                                  | liter<br>Registrar.                  | (Signed) M. D.  (Address) M. D.   |

V. S. No. 1

B.—WRITE PLAINLY,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I  | - 1           | Example II   |            |  |
|--|---------------|--|------------|--|
| The principal cause of death and related causes of importance were as follows:  Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows: |            |  |
|  | 1915          | Attack of epilepsy   | 1 weck ago |  |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago |  |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago |  |
| DEC 4  |               |  |            |  |
| Other contributory causes of importance:   |               | Other contributory causes of importance:                                       |            |  |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year     |  |
|  |               |  |            |  |
|  |               |  |            |  |

| ADDITIONAL   | SPACE   | FOR  | FURTHER    | STATEMENTS  | RY | PHYSICIAN |
|--------------|---------|------|------------|-------------|----|-----------|
| TANDALANTINA | NA INCL | TOTE | T CIVILIAN | DISTINGUISH | DI | THEOTOTAL |

LION

V. S. No. 1

OCCUPAshould of

| County_  | Garret  | t                   |                |  | Registration Dist. No. 169   |             |
|--|---|---------------------|----------------|--|--|-------------|
| Village o                                      | r City De   | er Par              | k, Md.         | (If  | NoSt.,St.,St.,St.  | Ward        |
| Length of                                      | residence in cit  | y or town where     | death occurred | yrs,mos                                      | ds. How long in U.S. if of foreign birth?yrsmos  | ds          |
| 2. FULL N                                      | IAME.L  | awren               | ce W. H        | inebaugh,                                    | If U. S. Veteran, specify WAR  |             |
| (a) Resi                                       | dence: No   |                     | (Usual pla     | ce of abode)                                 | St., Ward.  If nonresident give city or town and State   |             |
| PERSO  | ONAL AN   | D STATIST           | ICAL PAR       | TICULARS                                     | MEDICAL CERTIFICATE OF DEATH   |             |
| 3. SEX<br>Mal                                  |   | r or race           |                | ARRIED, WIDOWED, CED (write the word)        | 21. DATE OF DEATH 77- 2 / (Month) (Day) , 193  | (Year)      |
| 5a. If married, wi<br>HUSBAND o<br>(or) WIFE o | dowed, or divor   | rced                | ebaugh,        |  | 22. I HEREBY CERTIFY, That I attended dece   | 111112      |
| 6. DATE OF BIR                                 | TH (month, day  | , and year) Ma      | arch L4        | th.1913                                      | I last saw h & alive on 74 7, 19.5 4; dec  | ath is said |
| 7. AGE   | Years<br>23   | Months 8            | Days 8         | If LESS than 1 day,hrs. ormin.               | to have occurred on the date stated above, at 8.20 R. M.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: | te of onset |
| 9. Industry Work SAW 10. Date dec this c year) | or business in<br>was done, as S<br>MILL, BANK, e<br>seased last wor<br>occupation (mor   | which ILK MILL, Itc | S              | Il time (years)<br>pent in this<br>ccupation | Other Contributory Causes of importance:   |             |
|  |   | Deer P              | ark, Mo        | 1  |  |             |
| 13. NAME I                                     | aniel   | R. Hin              | ebaugh.        |  |  |             |
|  |   | wn) Oakl            | and, Mo        |  | Name of operation Date of Was there an autop   |             |
| 15. MAIDEN                                     | NAME LU   | ılu Mar             | ley.           |  | 23. If death was due to external causes (VIOL ENCE) fill in also the following:  |             |
|  |   | wn) Deer            | Park,          | Md.  | Accident, suicide, or homicide? Date of injury Where did injury occur?   | , 19        |
| 17. INFORMANT .<br>(Address)                   |   |                     |                | igh,   | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.                       |             |
|  | MATIDN, OR R  | EMOVAL              |                | 24,1936                                      | Manner of InjuryNature of Injury   |             |
|  |   |                     |                |  | 24. Was disease or injury in any way related to occupation of deceased?  |             |
|  | O. Date deceased last worked at this occupation (month and year)  RTHPLACE (city or town) Deer Park, Md.  (State or country)  3. NAME Daniel R. Hinebaugh.  4. BIRTHPLACE (city or town) Oakland, Md.  (State or country)  5. MAIDEN NAME Lulu Marley.  6. BIRTHPLACE (city or town) Deer Park, Md.  (State or country)  FORMANT Daniel R. Hinebaugh,  (Address) Deer Park, Md.  JRIAL, CREMATION, OR REMOVAL  Place Deer Park, Md.  Date Marker Emroy D. Bolden,  (Address) Oakland, Md. |                     |                |  | (Signed) 7. 9 - 13 - 13 - 13 - 13  | M. 1        |

(Address) .....

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I  |               | Example II   |                           |
|--|---------------|--|---------------------------|
| The principal cause of death and related causes of importance were as follows:  Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows:  Attack of epilepsy | Date of onset  1 week ago |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago                |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago                |
| 1 351 47 57 47 47 47 47 47 47 47 47 47 47 47 47 47   |               |  |                           |
| Other contributory causes of importance:   |               | Other contributory causes of importance:   |                           |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year                    |
|  |               |  |                           |
|  |               |  |                           |

| ADDITIONAL SPA | CE FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|----------------|--------|---------|------------|----|-----------|
|                |        |         |            |    |           |

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| STATE OF MARYLAND—   | CERTIFICATE OF DEATH   | 7     |
|--|--|-------|
| 1. PLACE OF DEATH  | 92:0   |       |
| County Dayrett   | Registration Dist. No. /6/   |       |
| Village or City Dellyskert   |  | ard   |
|  | death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrs,mos   | _ds.  |
| 2. FULL NAME WILL F. Hove  |  |       |
| (a) Residence: No.   | St., Ward.   |       |
| (Usual place of abode)   | If nonresident give city or town and State   | -     |
| PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR, OR RACE 5, SINGLE, MARRIED, WIDOWED,  | MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH  |       |
| OR DIVORCED (wate the word)  | 141 6Th 193 6  | 2     |
| 5a. If married, widowed, or divorced   | (Month) (Day) (Year)   | )     |
| HUSBAND of Correct Transfer of Correct Transfe | 22. I HEREBY CERTIFY, That I allended deceased for a state of the stat |       |
| 6. DATE OF BIRTH (month, day, and year) How 21-1870  | I last saw hour alive on hoy 6th , 1936; death is  | said  |
| 7. AGE Years Months Days If LESS than 1 day,   | to have occurred on the date stated above, at A Gm.  |       |
| 0.5 1/1 /5 ormin.  | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:   | nset  |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc   | Courses Hunsthay pet 3   |       |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.   |  |       |
| 10. Date deceased last worked at this occupation (month and year)  |  |       |
| 12. BIRTHPLACE (city or town) Jarrett Co. Man. (State or country)  | Other Contributory Causes of importance:  Shown Endocuration 9ne 1921  | 5     |
| 13. NAME Wen J. Jone   | 1925   | =-    |
| 14. BIRTHPLACE (city or town) - Alexander (State or country)   | Neme of operation Date of Was there an autopsy   |       |
| 15. MAIDEN NAME Mary Nathan  | What test confirmed diagnosis?   |       |
| 16. BIRTHPLACE (city or town) (State or country)   | Accident, suicide, or homicide?  |       |
| 17. INFORMANT Mrs Lower Hove (Address) Selby Back md   | (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.   |       |
| 18. BURIAL, CREMATION, OR REMOVAL Place 17048  Date 17048  1936  | Manner of injury   |       |
| We she have a  | Nature of injury   |       |
| 19. UNDERTAKER (Address)  (Address)  (Address)   | 24. Was disease or injury in any way related to occupation of deceased?  |       |
| 20. FILED Mad 7 , 1936 Jeannelle Statle  | (Signed) // 6 Yullous  | И. D. |
| Registrar.   | (Address) - Traces out 1914  |       |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I  | 1             | )  | Example II         |               |
|--|---------------|--|--------------------|---------------|
| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of of importance were as i |                    | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy                             | 10 16 CA.84 2      | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car                         | W 93               | 1 week ago    |
| Cerebral hemorrhage  | July 5, 1927  | Peritonitis                                    | DEC 4 1830         | 3 days ago    |
|  |               |  | 1 - 6 - 5 - 5 - 5  | 55            |
| Other contributory causes of importance:                                       |               | Other contributory caus                        | ses of importance: |               |
| Gallstones   | May 1,1923    | Gastroenteritis                                |                    | 1 year        |
|  |               |  |                    |               |
|  |               |  |                    |               |

| ADDITIONAL | SDACE | FOR | FURTHER | STATEMENTS | RY | PHYSICIAN |
|------------|-------|-----|---------|------------|----|-----------|
| ADDITIONAL | SPAUL | run | runinen | STATEMENTS | DI | PHISICIAN |

| 1                           | N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor- | mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state | CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA- |  |
|-----------------------------|---|--|--|--|
| \$                          | RECORI  | Y. PHY   | Exact st   |  |
| INDING                      | RMANENT   | XACTL  | classified.  |  |
| FOR B                       | S IS A PE   | stated E   | properly   | certificate  |
| ESERVED                     | INK-THIS  | E should be  | it it may be   | on back of   |
| MARGIN RESERVED FOR BINDING | JNFADING  | pplied. AG   | erms, so tha   | TION is very important. See instructions on back of certificate. |
| A A A                       | Y, WITH U   | arefully su  | H in plain t   | rtant. See   |
|                             | E PLAINL  | should be c  | OF DEAT  | very impo  |
| V. S. No. 1                 | B.—WRITI  | mation   | CAUSE  | TION is  |
|                             | ż   |  |  |  |

| STATE OF MARYLAND—  | CERTIFICATE OF DEATH   |
|---|--|
| 1. PLACE OF DEATH   | 92   |
| County yarell   | Registration Dist. No. 162   |
| Village or City Grantanelle   | NoSt.,Ward   |
|   | death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmosds. |
| 2. FULL NAME Byand Thin The Kel   | les .  |
| (a) Residence: No.  | St Ward.   |
| (Usual place of abode)  | If nonresident give city or town and State   |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH   |
| 3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  The partied, widowed, or divorced  The partied of the color of divorced or divorced | 21. DATE OF DEATH  (Month)  (Day)  (Year)  |
| HUSBAND of Frances to Kelly   | 22. 1 HEREBY CERTIFY, That I attended deceased from  1926 to 101 1, 1936   |
| 5. DATE OF BIRTH (month, day, and year) huly 28 - 1887  | I last saw h MM alive on 1 and 15, 1936; death is said   |
| 7. AGE Years Month Days If LESS than 1 day,hrs.   | to have occurred on the date stated above, at 2200 /m.   |
| 49 3 19 ormin.  | The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as forbows:   |
| 8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc  | weround moracardus action  |
| 9. Industry or business in which  |  |
| work was done, as SILK MILL,<br>SAW MILL, BANK, etc   |  |
| 10. Data deceased last worked at this occupation (month and year)   |  |
| year) occupation  | Other Contributory Causes of importance:   |
| 12. BIRTHPLACE (city or town) (Stata or country)  |  |
| 13, NAME MINAGE LA MELLIA   |  |
| - your se of wall   |  |
| ( State or country)   | Nama of operation Date of  |
| 15. MAIDEN NAME Barbara Ellen yelly   | What test confirmed diagnosis?   |
| 16. BIRTHPLACE (city or town)   | Accident, suicide, or homicide? Date of Injury, 19   |
| (Stata or country)  | Where did Injury occur? (Specify city or town, county and State)   |
| (7. INFORMANT Mrs. farmers of felly   | Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  |
| 8. BURIAL, CREMATION, OR REMOVAL  | Manner of injury   |
| Place year Sull Data dol 8, 1936  | Nature of injury   |
| 9. UNDERTAKER OWM ANMALILING  | 24. Was diseasa or injury in any way related to occupation of deceasad?  |
| (Address) yronitrulle to  | If so, specify   |
| 10. FILED /107-17, 1936 677 Sill  | (Signed) / A A A M. D.   |
| Registrar.  | (Address) J. J. Manual Ville   |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example · I  | 1             | Example II   |               |  |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows:   | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |  |
| Arteriosclerosis A   | 1915          | Attack of epilepsy   | 1 week ago    |  |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |  |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |  |
| The state of the s |               |  |               |  |
| Other contributory causes of importance:   |               | Other contributory causes of importance:                                       |               |  |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |  |
|  |               |  |               |  |
|  |               |  |               |  |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIAN |
|------------|-------|-----|---------|------------|----|-----------|
|------------|-------|-----|---------|------------|----|-----------|

| PLACE OF DEATH   | STATE OF MARYLAND  |
|--|--|
| County Advantage   | CERTIFICATE OF DEATH   |
|  | Registration Dist. No. 157   |
| VIII OII BAAAAAAAAA  | S. Wand) (If death occurred in   |
| Village or City (No.                                       | St.; Ward) a hospital or institution, give its NAME in                                       |
| 2FULL NAME JOHNS Francis                                   | stead of street and  |
| FOLL NAME  |  |
| PERSONAL AND STATISTICAL PARTICULARS                       | MEDICAL CERTIFICATE OF DEATH   |
| 3 SEX 4 COLOR OF RACE 5 SINGLE.                            | 16 DATE OF DEATH   |
| HOLD WIDOWED. OR DIVORCED                                  | , 193, 3   |
| (Write the word)   | (Month) (Day) (Vear)   |
| 6 DATE OF BIRTH  | 17 I HEREBY CERTIFY, That I attended the deceased from                                       |
| 1-21-186   | 192) to  |
| (Month) (Day) (Yea   | that I last saw harmalive on   |
| 7 AGE IIFLESS (  | and and that death occurred on the date stated above, atm                                    |
| 51 d   |  |
| yrsmosds. ormi   |  |
| B OCCUPATION SET 1   | hephretta Cor has himon  |
| (a) Trade, profession or particular kind of work           | 12 1941 8,13 79 and Con off  |
| (b) General nature of industry                             |  |
| business, or establishment in which employed or (employer) | (Duration) yrs. mos ds   |
|  | Contributory fortus Question : Longans   |
| 9 BIRTHPLACE (State or country)                            | Secondary Center.  |
| 10 NAME OF   | (Duration) yrs. mosds  |
| FATHER   | (Signed) M. D  |
| 11 BIRTHPLACE  |  |
| OF FATHER  | *State the Disease Causing Death, or, in deaths from   |
| Z (State or country) 12 MAIDEN NAME                        | Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| OF MOTHER  | BLENGTH OF RESIDENCE (For Hospitals, Institutions, Trans                                     |
| 13 BIRTHPLACE  | Sents or Recent Residents)   |
| OF MOTHER  | At place of deathyrsmosds. In the Stateyrsmosds  |
| (State or Country)   | Where was disease contracted, if not at place of dea.h?                                      |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE           | Former of  |
| (Informant) Wys trung While                                | agual residence  |
| (informant)  | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL   |
| (Address)  | Headsoille, 710g. 11/19, 156   |
| 15 14 18 348 0 Shak  | 20 UNDERTAKER ADDRESS  |
| Filed 192 Registrar  | - As I Demarge Thomas 11   |
|  | stray, 18 W. Saratoga St., Balto., Requesting V. S. No. 1.                                   |
| If more plants are nected, address bear hegi-              | , , ,  |

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 grs). business, that fact may be indicated thus; Former (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in doniestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Househaborer, Form laborer, Loborer-Coat mine, etc. women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. whatever, write None. household only (not paid Housekeepers who receive a Housenuid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken report specifically the occupations of persons enetc., Foremon, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesmon, (b) Automobile factory. The material without more precise specification as Day For persons who have no occupation

Strtement of Cause of Death—Name, first, the Dis-EALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal ferer (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> as fracture of skull, and consequences (e.g., sepais, accident; Revolver wound of head-homicide; Poisoned by telanus) may be stated under the head of "contributory." (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); approved by Committee on (Recommendations on statement of cause of death carbolic acid-probably sweide. The n-ture of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Whooping "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Careinoma, Soreoma, etc., of .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condicough; Chronicetc. valvular heart Nomenclature The contributory Measles, disease;

If this certificate is looked over thoroughly and a l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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| 1. PLACE OF DEATH  | CERTIFICATE OF DEATH   |
|--|--|
| County garrett   | Registration Dist. No.   |
|  | NoSt.,Ward f death occurred in a horpital or institution, give its NAME instead of street and number)              |
| 1100 611   | ds. How long in U.S. if of foreign blrth?mosds.  |
| 2. FULL NAME Hellen Kuhn   | If U.S. Veteran specify WAR.   |
| (a) Residence: No. (Usual place of abode)  | St., Ward.  If nonresident give city or town and State   |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |
| 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single   | 21. DATE OF DEATH  (Month)  (Day)  (Yaar)  |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of   | 22. I HEREBY CERTIFY, That I attanded deceased from  |
| 7- // -  | De overebull, 1936, to Nov. 14th., 1986  |
| 6. DATE OF BIRTH (month, day, and year) March 25, 1910   | I last saw h alive on SOU: 12 16 ; death is said   |
| 7. AGE 2 ( Yaars Months Days If LESS than 1 day,hrs.   | to have occurred on the date stated above, at  |
| 7 / 19 ormin.  | were as follows:   |
| 8. Trada, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.  | Barreys ag   |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and | 120 WX 2 . No. 6.  |
| 10. Date deceased last worked at this occupation (month and year)  11. Total tima (years) spent in this occupation   |  |
| 11.110.  | Other Contributory Causes of importance:   |
| 12. BIRTHPLACE (city or town) (State or country)   | - Inguising  |
| 13. NAME W. L. Kuhn  |  |
| 13. NAME W. A. Kulm 14. BIRTHPLACE (city or town) (Stete or country)   | Name of operation Date of Was there an autopsy?  |
| 15. MAIDEN NAME (Ames S. Shilling bours  | 23. If death was due to external causes (VIOLENCE) fill in elso the following:                                     |
| 15. MAIDEN NAME (gres J. Shillingbury) 16. BIRTHPLACE (city or town) W. Va.  | Accident, suicida, or homicide? Dete of Injury, 19   |
| (State or country)   | Whare did injury occur?  |
| 17. INFORMANT WALL KILLING (Addrass) Dayard W. 4/2.  | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR REMOVAL PIECE HANNEL Date 6- th: 19.36   | Mannar of injury   |
| Char Back  | Nature of injury   |
| 19. UNDERTAKER MM: 1 3 TOCK (Addrass) GALON WINGA:   | 24. Was disaase or injury in any way related to occupation of deceased?  |
| 20. FILED Nov 162, 1936 Dirgina M. Harves  | If so, specify (Signed) W. T. Dinkwalet M. D.  |
| Registrar.   | (Address) 40 mania Wiva  |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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|               | Example II   |   |
|---------------|--|---|
| Date of onset | The principal cause of death and related causes of importance were as follows:  Attack of epilepsy | Date of onset   |
| 1921          | Run over by street car   | 1 week ago  |
| July 5, 1927  | Peritonitis  | 3 days ago  |
|               |  |   |
|               | Other contributory causes of importance:   |   |
| May 1,1923    | Gastroenteritis  | 1 year  |
|               |  |   |
|               | 1915<br>1921<br>July5,1927   | of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance: |

| ADDITIONAL | SPACE | FOR | FURTHER | STATEMENTS | BY | PHYSICIA | N |
|------------|-------|-----|---------|------------|----|----------|---|
|------------|-------|-----|---------|------------|----|----------|---|

| STATE OF MARYLAND—   | CERTIFICATE OF DEATH 11491   |
|--|--|
| 1. PLACE OF DEATH  | (3)  |
| County Passett   | Registration Dist. 'No. 16 6   |
| Village or City Cakland, Ud,   | No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) |
| Length of residence in city of town whera daeth occurradyrsmos.  |  |
| 2. FULL NAME Valeur Lea  | If U. S. Veteran, specify WAR  |
| (a) Residence: No.   | St., Ward.   |
| (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS  | If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH                               |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,   | 21. DATE OF DEATH  |
| Male William OR DIVORCED (write the word)  | 100 15 1936  |
| 5a. If merriad, widowed, or divorced<br>HUSBAND of   |  |
| (or) WIFE of Charabeth Lee   | 1 HEREBY CERTIFY, That I attanded daceased from  |
| 6. DATE OF BIRTH (month, day, and year) 7072. 8, 1856  | I last saw h alive on 2 13 196; daeth is said  |
| 7. AGE Yeers Months Days If LESS than  | to have occurred on the date stated above, et  |
| 80 0 6 Iday,hrs.   | The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance were es follows:  Date of onset          |
| 8. Trade, profassion, or particular kind of work done, as SPINNER,   | Date of ouset  |
| Kind of work done, as SPINNER.  SAWYER, BOOKKEEPER, etc.  9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Data deceased last worked at this occupation (month end this o    | e e  |
| work was done, as SILK MILL, SAW MILL, BANK, etc   | Shirt Cartain Harry  |
| 10. Data deceasad last worked at this occupation (month end yaar)  |  |
| lo and the   | Other Coutributory Causes of importance:   |
| 12. BIRTHPLACE (city or town) (State or country)   |  |
| 13. NAME ames Lee  |  |
| 13. NAME AND TOWN THE TOWN TOWN TOWN TO THE TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN  | Name of operation Date of  |
| (State of country)   | What test confirmed diagnosis? Was there an autopsy?   |
| 15. MAIDEN NAME Truly Ca gh  | 23. If death was due to external ceuses (VIOLENCE) fill in elso the following:                         |
| O 16. BIRTHPLACE (city or town)  | Accident, suicide, or homicide?  |
| W/ M/ and market of the state o | Where did injury occur? (Specify city or town, county and State)                                       |
| 17. INFORMANT (Addrass) (Addrass)  | Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.                              |
| 18. BURIAL, GREMATION, OR REMOVAL  | Mannar of Injury   |
| Place for Land Data Mon 11, 19 6   | Nature of injury   |
| 19. UNDERTAKER Zurong D. Woolden   | 24. Was disaase or injury in any way ralated to occupation of decaasad?                                |
| (Addrass) Claffeland, Md.  | If so, spacify   |
| 20. FILED 16 19 36 Julia Row an Registrar.   | (Signad) M, D  (Address) Oak & and Mul   |
| If more blanks are needed, address State Revietrar   | (Audress)  |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I  | 1             | Example II   |                           |
|--|---------------|--|---------------------------|
| The principal cause of death and related causes of importance were as follows:  Arteriosclerosis | Date of onset | The principal cause of death and related causes of importance were as follows:  Attack of epilepsy | Date of onset  1 week ago |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago                |
| Cercbral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago                |
| PUDENTI V. S.  |               |  |                           |
| Other contributory causes of importance:   |               | Other contributory causes of importance:   |                           |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year                    |
|  |               |  |                           |
|  |               |  | 1                         |

| ADDITIONAL SPACE FOR | <b>FURTHER</b> | STATEMENTS | $\mathbf{BY}$ | PHYSICIAN |
|----------------------|----------------|------------|---------------|-----------|
|----------------------|----------------|------------|---------------|-----------|

| STATE OF MARYLAND—   | CERTIFICATE OF DEATH   |
|--|--|
| 1. PLACE OF DEATH  | 93-0   |
| County Smell   | Registration Dist. No. 6   |
| Village or City # mar Granteville  | NoSt.,Ward   |
| (If  | death occurred in a horpital or institution, give its NAME instead of street and number)ds. Hos/flong in U.S. if of foreign birth?yrsmos,ds. |
|  | Preal  |
| 2. FULL NAME Samuel (laylon)   | to cence   |
| (a) Residence: No. (Usual place of abode)  | St., Ward.  If nonresident give city or town and State   |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |
| 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWELL, OF THE PROPERTY OF THE P | 21. DATE OF DEATH / 2 / ,193 (Year)  |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of   | 22. I HEREBY CERTIFY. That I attended deceased from  1926, to 120 2 1 1936   |
| 6. DATE OF BIRTH (month, day, end year) 4, 1850  | I last saw humalive on Moral 1926; death is said   |
| 7. AGE Years Months Dlys If LESS than 1 dayhrs.  | to have occurred on the date stated above, et 2.2.2.1.m.  The PRINCIPAN CAUSE OF DEATH and related causes of importance                      |
| 86 3 17 ormin.   | were as follows:   |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  | 10 Moroux My garaceurs   |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceesed last worked at this occupation (month and  |  |
| 10. Date deceesed last worked at this occupation (month and year)  |  |
| 12. BIRTHPLACE (city or town) Salisby (Fa  | Other Contributory Causes of importance:   |
|  |  |
| ± %  | Name of operation Dete of  |
| 14. BIRTHPLACE (city or town) (State or country)   | What test confirmed diagnosis?   |
| # 15. MAIDEN NAME Valtine Emore  | 23. If death was due to external causes (VIOL ENCE) fill in elso the following:  |
| 15. MAIDEN NAME Allie Conditions 15. MAIDEN NAME Allie Conditions 15. MAIDEN NAME Allie Conditions 15. MAIDEN NAME   | Accident, suicide, or homicide? Date of injury, 19   |
| (Stete or coun'ry)   | Where did injury occur?  |
| 17. INFORMANT My Chaperce Lechel (Address) Salury Pa   | (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.                           |
| 18. BURIAL, CREMATION, OR REMOVAL Place C.O. F. Sully bruge a Dete 27 23 186.  | Manner of Injury   |
| 19. UNDERTAKER Stanley In Charles (Address)  | 24. Wes disease or Injury In any way related to occupation of deceased?  |
| 20. FILED NOV 21, 1936 BY Dill   | (Signed) M. J. Lawrence M. D.  |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

| Example I  |               | Example II   |               |  |
|--|---------------|--|---------------|--|
| The principal cause of death and related causes of importance were as follows:   | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |  |
| Arteriosclerosis DEC 4 1936  | 1915          | Attack of epilepsy   | 1 week ago    |  |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |  |
| Cerebral hemorrhage  | July 5,1927   | Peritonitis  | 3 days ago    |  |
| at the second se | **            |  |               |  |
| Other contributory causes of importance:   |               | Other contributory causes of importance:                                       |               |  |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |  |
|  |               |  |               |  |
|  |               |  |               |  |

| ADDITIONAL S | SPACE | FOR | <b>FURTHER</b> | STATEMENTS | BY | PHYSICIAN |
|--------------|-------|-----|----------------|------------|----|-----------|
|--------------|-------|-----|----------------|------------|----|-----------|

|   |  | MARYLAND-  | CERTIFICATE OF DEATH   | 11493                            |
|---|--|--|--|----------------------------------|
| 1. PLACE OF DE  | V1 -   | 7  | 119  | 1/ -                             |
| County  | Tarrel   | TO   | Registration Dist. N   | 0./62                            |
| Village or City   | Traulson   | ille   | No.  f death occurred in a horpital or institution, give its NAME instead  | St., Ward                        |
| Length of residence In  | city or town where deat  |  | sds. How long In U.S. if of foreign birth?y  |                                  |
| 2. FULL NAME 7.   | L 1, 4   | main Mala  | The same of the sa |                                  |
| (a) Residence: No.  |  |  | St., Ward.   |                                  |
|   |  | (Usual place of abode)                                 | If nonresident give city   | or town and State                |
|   |  | AL PARTICULARS   | MEDICAL CERTIFICATE OF   | DEATH                            |
| male  | White  | SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) | 21. DATE OF DEATH  | 9 (Year)                         |
| 5a. If married, widowed, or di-<br>HUSBAND of   | vorced   |  | 22. I HEREBY CERTIFY Tha   | 100.1                            |
| (or) WIFE of  |  |  | 22. I HEREBY CERTIFY, Tha  |                                  |
| 6. DATE OF BIRTH (month, d  | ay, end year)  | W-2-1936   |  | 19: death Is said                |
| 7. AGE Years  | Months   | Days   If LESS than                                    | to have occurred on the dete stated above, at /2 30 am   |                                  |
|   | 2  | /  | The PRINCIPAL CAUSE OF DEATH and related causes of Imp   | portance                         |
| 8. Trede, profession, or  | particuler<br>as SPINNER   | 5  | Scarrhia   | Date of onset                    |
| kind of work done SAWYER, BOOKKI  |  | home   | -  | ***********                      |
| 9. Industry or business<br>work was done, as<br>SAW MILL, BANK  | SILK MILL,   |  |  |                                  |
| kind of work done SAWYER, BOOKKI 9. Industry or business work was done, as SAW MILL, BANK 10. Date deceased last w this occupation (m year) | orked et<br>onth and   | 11. Total time (years) spent in this occupation        |  |                                  |
| 12. BIRTHPLACE (city or town<br>(State or country)  | )  | 1  | Other Contributory Causes of importance:   | l                                |
| 1 11  | 2111   | mela-  | -  |                                  |
| I   | The state of the s | 1 pag  | W-112 (  |                                  |
| 14. BIRTHPLACE (city or (Stete or country)  |  | d  | Name of operation  | _                                |
| 15. MAIDEN NAME   | Hasal  | 1 Detting  | 23. If death was due to external causes (VIOLENCE) fill in also  |                                  |
| 16. BIRTHPLACE (city or   | town)  | -  | Accident, suicide, or homicide? Date of i  | 1-41                             |
| State or country  |  | 7  | Where did injury occur?  |                                  |
| 17. INFORMANT Will<br>(Address)   | raulowill  | nslz-  | (Specify city or town, co<br>Specify whether injury occurred in INDUSTRY, in HOME, or i  | ounty and State) n PUBLIC PLACE. |
| 18. BURIAL, CREMATION, OR   |  | N - 1  | Manner of injury   |                                  |
| Place Very  | Lannand 1  | Date Nov 20 , 19 36                                    | Nature of injury   |                                  |
| 19. UNDERTAKER Tak  | Jaly Wi  | land   | 24. Was disease or injury in any way related to occupation of  | deceased?                        |
| (Address) Gr  | autoville  | e mo   | If so, specify   | P. P.D.                          |
| 20. FILED Nov. 19   | 1936 6   | 74 Que   | (Signed) S / Y/ Cell   | Overal // rgm                    |
|   |  | Registrar.   | (Address) Transoull  | ma                               |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation,

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

| S Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset  |
|-----------------|--|--|
| 1915            | Attack of epilepsy   | 1 week ago   |
| 1921            | Run over by street car   | 1 week ago   |
| S. July 5,1927  | Peritonitis  | 3 days ago   |
|                 |  |  |
|                 | Other contributory causes of importance:                                       |  |
| May 1,1923      | Gastroenteritis  | 1 year   |
|                 |  |  |
|                 | 1915<br>1921<br>5 July 5,1927  | 1915 Attack of epilepsy 1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance: |

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# STATE OF MARYLAND-CERTIFICATE OF DEATH

11494

| 1. PLACE OF DEATH   | 92:00  |                    |  |
|---|--|--------------------|--|
| County Garrett  | Registration Dist. No  |                    |  |
|   | NoSt.,St.,St.  | number)            |  |
| Length of residence in city or town where death occurredyrs,mos   | ds. How long in U.S. if oI foreIgn birth?yrsm  | osds.              |  |
| 2. FULL NAME Henry Javage.  |  |                    |  |
| (a) Residence: No. (Usual place of abode)   | St., Ward.  If nonresident give city or town and   | l State            |  |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH   |                    |  |
| 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)   | 21. DATE OF DEATH November 18th (Month) (Day)  | ., 193.6<br>(Year) |  |
| 5a. If married, widowed, or divorced HUSBAND of General Sources (or) WIFE of  | 22. I HEREBY CERTIFY, That I attended  January 19th, 1954, to November 19  | deceased from      |  |
| 6. DATE OF BIRTH (month, day, and year) aug 8th 1846  | The state of the s | ; death Is said    |  |
| 7. AGE Years Months Days If LESS than 1 day,hrs. ormin.   | to have occurred on the date stated above, at // # 8m.  The PRINCIPAL CAUSE OF DEATH and related causes of Importanca were as follows:   | Date of onset      |  |
| 9 Trade profession or particular  | Chronic Enderditos Willy Valvular  | 1934<br>Nombre     |  |
| kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spant in this county). | -  |                    |  |
| 11. Total time (years) spant in this occupation (month and year)  year)  12. Total time (years) spant in this occupation.   | Other Cootributory Causes of importance:   |                    |  |
| 12. BIRTHPLACE (city or town)   | Artimosalorisio, .   | 1835               |  |
| # 13. NAME Robert Sorage  | chima distursion of bladder  | 1936               |  |
| 13. NAME (Jobut Sovage)  14. BIRTHPLACE (city or town)  (State or country)  Maryland  | Name of operation Date of Was there an   | au'opsy?           |  |
| 15. MAIDEN NAME Nancy Sovogs  | 23. If death was due to external causes (VIOLENCE) fill in also the followin   | ig:                |  |
| 15. MAIDEN NAME Vaucy Savags 16. BIRTHPLACE (city or town) (State or country)  Manyland   | Accident, suicide, or homicide? Date of Injury   | , 19               |  |
| 17. INFORMANT Annie Thomas (Address) Friendsville 2008  | (Specify city or town, county and Ste<br>Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PI   | LACE.              |  |
| 18. BURIAL, CREMATION, OR REMOVAL Place Sand Sonng Date not 30, 1936  | Manner of injury   |                    |  |
| 19. UNDERTAKER 2 V Selections (Address) Mendans 00 Minds  | 24. Was disease or injury in any way related to occupation of deceased?  | us                 |  |
| 20. FILED Nov. 19 , 1926 Ciannette State  | (Signed) It 6 medison  (Address) Frankville M  | M. D.              |  |
|   | 1  |                    |  |

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I  |               | Example II   |               |
|--|---------------|--|---------------|
| The principal cause of death and related causes of importance were as follows:  Arteriosclerosis   | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis 1936  | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5, 1927  | Peritonitis  | 3 days ago    |
| AUNTAU Y. S.   |               |  |               |
| A CONTRACTOR OF THE PARTY OF TH | -             |  | 1             |
| Other contributory causes of importance:   |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1,1923    | Gastroenteritis  | 1 year        |
|  |               |  |               |
|  |               |  |               |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Date of onset

436

B

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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| Example I                                    |  | Example II    |  |               |
|--|--|---------------|--|---------------|
| The principal cause of of importance were as | A STATE OF THE PARTY OF THE PAR | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
| Arteriosclerosis                             | FIVED  | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephr                   |  | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage                          | DEC 4 1900   | July 5,1927   | Peritonitis  | 3 days ago    |
|  | BUNEAU V. S.   |               |  |               |
| Other contributory ca                        |  | -             | Other contributory causes of importance:                                       |               |
| Gallstones                                   |  | May 1,1923    | Gastroenteritis  | 1 year        |
| 2 5 5 10 0                                   |  |               |  |               |
|  |  |               |  |               |

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN